SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

	FOR LIN	IF	NUMBE	R·		PA	GE	117	OF	139
Use separate schedule(s) for each category of the Detailed Summary Page	(check o	nly X			18 20b			19a 20c		19b
ay not be sold or used by any person for the purpose of soliciting contributions address of any political committee to solicit contributions from such committee.										

	ne name and address of any political committee							
NAME OF COMMITTEE (In Full)								
Committee to Re-Elect Linda Sanchez								
Full Name (Last, First, Middle Initial)								
A. X-Egon, LLC	Date of Disbursement							
Mailing Address PO Box 127	04 03 2015							
City	State Zip Code	Amount of Each Disbursement this Period						
Beverly Hills	CA 90213							
Purpose of Disbursement Office Rent	2310.00							
Candidate Name	Transaction ID : D664441							
	Category/ Type							
Office Sought: House Disk	oursement For: 2016							
Senate	Primary General							
President	Other (specify)							
State: District: Full Name (Last, First, Middle Initial)								
Teresa Skala	Date of Disbursement							
B. Torosa Olala								
Mailing Address 11852 Gorham Ave. #6	04 D D / Y Y Y Y Y D D / Y Y Y Y Y Y Y D D D / Y Y Y Y							
Apt 6		2. 2. 2.						
City	State Zip Code CA 90049	Amount of Each Disbursement this Period						
Los Angeles	070.51							
Purpose of Disbursement Reimbursement (vendors that aggregate over	370.54							
Candidate Name	Transaction ID : D664234							
Sandidate Harrie	Category/ Type							
Office Sought: House Dist	oursement For: 2016							
Senate	Primary General							
President	Other (specify)							
State: District:								
Full Name (Last, First, Middle Initial)	Date of Disbursement							
Blue Cross Blue Shield of CA								
Mailing Address 5250 N Palm Ave	04 D D / Y Y Y Y Y D D / Y Y Y Y Y Y Y D D D / Y Y Y Y							
Ste 120	01 2010							
City	Amount of Each Disbursement this Period							
Fresno								
Purpose of Disbursement Healthcare Insurance	222.41							
Candidate Name	Transaction ID : D666776							
Office Sought: House Dist	Type bursement For: 2016	[MEMO ITEM]						
Senate	☐ Primary ☐ General							
President	Other (specify)							
State: District:								
SUBTOTAL of Disbursements This Page (optional)								
TOTAL This Period (last page this line number	TOTAL This Period (last page this line number only)							